		<u>.</u>	יייי ייייין ווכט בף	ADT		# 10-1 00 0	
			(Column 1)			11/001, 922	
		FOR	A.11.14	(Column 2)	SMALL ENTITY	OTUES	
		1 BASIC EEC	NUMBER FILED	HUMBER EXTRA		OR OTHER THAN	
ت	,	(3) OFR 1.16(a))		- HOMBER EXTRA	RATE	SMALL ENITH	
	٠.	TOTAL CLAIMS (37 OFR 1.16(c))			FEE FEE	1 1 0000	
		(NDE854)	minus 20 s			RATE FR	
		INDEPENDENT CLAIMS	0, 20 s	<u>.</u>	1x,25.	OR .	
			minus 3 e			ST FOR	
•		MULTIPLE DEPENDENT CLAIMPRESENT . (17 CFR 1.16(d))  If the difference in column 1 Is less than zero, enter "0" in column 2.  CLAIMS AS AMENDED - PART II			x s 100.	OR x 50.	
						OR x 3200	
					J +5:180	· ·	
						OR + 360	
	- 1				TOTAL		
	- 1					OR TOTAL	
	ſ	(Colum		ilumn 2). (Column 3)			
	- 1			HEST (Column 3)	SMALL ENTITY	OR OTHER	
	- 1	ZI OF REMA	ED NUI	MAFA. PRESE	i i i i i i i i i i i i i i i i i i i	O'ILL INAL I	
	. 1	AMENO	MELLY PREV	OUSIV EXTO	RATE ADDI.	SMALL ENTITY	
	`   ·	WWW GI CORN (1868)	Misus	FOR	TIONAL .	RATE	
٠	- 1	Z Independent		1-7	7	A06 Tronil	
		(31 OFR 1.166)	Minus	= =	1,25.	50	
	1	₹ FRST POSSES	4	-/	x s 100=	OR x 50	
	F	T. THE SENTATION OF W	FULTIPLE DEPENDENT CLAIM	(3) 000		DR x 5 200	
	-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(df)			L+s 180.		
	ŀ	UIDAND .			TOTAL	PR + 3/2)	
	.	(Column	n		. AOO'L FEE	TOTAL	
	΄ α	OI CLAIM	S 1Colu	mn 2) (Column 3)		R ADO'L FEE	
	15	REMAIN	NO HIGHE	SI			
	ENDMENT	AMENOME	NT PREVIOU	ISIY EYTON	RATE . ADDI.		
	lâ	DI CHR L. EQUI	Minus PAID F	OR .	TIONAL	RATE ADDI	
	1 2	Independent (2) CFR 1, 1990)		1	FGC !	. THOMAL .	
	₹	UT CIFA 1. FORCE	· Minus ···	<del></del>	x s 25.	ECC .	
	<b>∤</b> . ⋖	FIRST PRESENTATION			× s 100 .	155b.	
		FIRST PRESENTATION OF MUL	TIPLE DEPENDENT CLAIM	GIT CER LIGITAL	/ 00	x s 200	
	ľ	•		7"	+ 180.		
	I	•	• •	. /	.012	+360	
		(Column 1)	. · ·		ADD'T FEE OR	ADD'L FEE	
	ပ	CLAIMS REMAINING	(Column	21 (Column 3)	/	A Land	
٠	5	AFTER	NUMBER	PRESENT			
1	묏	AMENDMEN	PREVIOUS PAID FOR	LY I EXTEA I I	RATE ADDI.		
1	٥l	(31 CFR 1.14(CH	Minus	<del>`    </del>	TIONAL	RATE ADDI-	
I	짋	Independent DI CER 1,16041			x . 25	TIONAL FEE .	
I	< r		Minus	3	00	x 50.	
L	اع	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1, 16(4))			× 5 100		
I	CE DEPENDENT CLAIM (DI CFR 1. 16(4))				+3/80, OR	× s 20Q	
l						. 360.	
ADD' FEE					TOTAL		
ı	• ••• 8	I the Highest Humber Previous	MY Pald For IN THIS SOA	write "0" in column 3,	OR	ADD' FEE	
Ļ	1	the Highest Number Previous	LY Paid FOR IN THIS SPAC	E is less than I conter	*20*, ·		
v	The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".  The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".  This coflection of information is required by 37 CFR 1, 16. The Information for process 1 an application for the process 1 an application for the process 2 and 2 a						
			- 11V. IIW M		THE HUMAN		

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application for the SUSPTO. Time will vary depending upon the individual case. Any comments and Trademark Office. U.S. Department of Commerce, P.O. Box 1550, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS